



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

March 26, 2008

Dollie Wallace, Administrator
Spring Creek Manor IV, LLC
653 N Eagle Rd
Eagle, ID 83616

License #: RC-780

Dear Ms. Wallace:

On February 21, 2008, a complaint investigation survey was conducted at Spring Creek Manor Iv, Llc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.

This office is accepting your submitted plan of correction.

Should you have questions, please contact Donna Henscheid, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

A handwritten signature in cursive script that reads "Donna Henscheid".

DONNA HENSCHIED, LSW
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



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February 22, 2008

CERTIFIED MAIL #: 7005 1160 0000 1506 8066

Dollie Wallace, Administrator
Spring Creek Manor IV, LLC
653 N Eagle Rd
Eagle, ID 83616

Dear Ms. Wallace:

Based on the complaint investigation survey conducted by our staff at Spring Creek Manor IV, LLC on **February 21, 2008**, we have determined that the facility failed to retain a licensed administrator responsible for the day-to-day operations for a period more than 30 days.

This core issue deficiency substantially limits the capacity of Spring Creek Manor IV, LLC to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **April 6, 2008**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ♦ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ♦ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ♦ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ♦ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ♦ What date will the corrective action(s) be completed by?

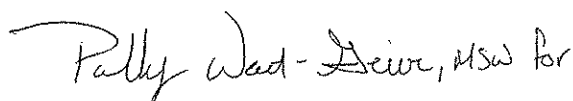
Return the **signed** and **dated** Plan of Correction to us by **March 6, 2008**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Chief of the Bureau of Facility Standards for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (**March 6, 2008**). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for the Bureau of Facility Standards to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **March 6, 2008**, your request will not be granted.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate an enforcement action against the license held by Spring Creek Manor IV, LLC.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,

A handwritten signature in cursive script, appearing to read "Patty Wad - Deane, MSW for".

JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Community Care Program

JS/sc

Enclosure

c: Lynne Denne, Program Manager, Regional Medicaid Services, Region IV - DHW

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R780	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/21/2008
NAME OF PROVIDER OR SUPPLIER SPRING CREEK MANOR IV, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 653 N EAGLE RD EAGLE, ID 83616		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments The following deficiency was cited during the complaint investigation conducted at your residential care/assisted living facility. The surveyors conducting your complaint investigation were: Donna Henscheid, LSW Team Coordinator Health Facility Surveyor Rachel Corey, RN Health Facility Surveyor	R 000	Comments: A written request for a Variance to be the Administrator over the Eagle facility was sent to the Bureau of Facility Standards on October 11, 2007. No letter was received stating that the application had been declined, therefore assuming that the variance had been granted. That assumption was made on the same protocol that took place for the variance that was requested for the other facilities that were granted a variance for the same Administrator.	
R 004	16.03.22.215.03 Licensed Administrator Requirement - 30 Days The facility may not operate for more than thirty (30) days without a licensed administrator. This Rule is not met as evidenced by: Based on interview and record review, it was determined the facility failed to retain a licensed administrator responsible for the day-to-day operations for a period more than 30 days. During the preparation for the complaint survey conducted on 2/21/08, a review of the facility correspondence revealed the administrator had a variance to oversee two licensed buildings at another location. Additionally, there was no documented evidence the facility had been granted an administrator variance for the surveyed facility. On 2/21/08 at 10:30 AM the acting administrator stated, "I am the acting administrator, but (person's name) is the administrator in training. She is getting ready to take the test. I am the	R 004	Corrective Action: Administrator in training immediately went down to the Bureau of Occupational Licensing and applied for her Provisional Administrator License. Changes so Practice Does Not Reoccur: Administrator in training will obtain her Administrator License before the 90 days is up on her Provisional license. Completion Date: Administrator in training was issued a Provisional Administrator's License on 2/26/08. She has taken and passed the State test, and is waiting for an acceptance letter to take the NAB test.	

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

MFHC11

If continuation sheet 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R780	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/21/2008
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R 004	<p>Continued From page 1</p> <p>administrator over (the facility's names) but have a variance to be the administrator over all three of them.</p> <p>On 2/21/08 at 11:30 AM a call was placed to Licensing and Certification to determine if a variance had been granted. A variance was found but it allowed the acting administrator to only oversee the two other facilities at another location. Also a letter from the previous administrator was observed requesting the current variance be granted to the incoming administrator but no formal request was found.</p> <p>On 2/21/08 at 12:00 PM the acting administrator stated she had been overseeing the facility since October 2007 and had written a letter to Licensing and Certification as a follow-up to the letter the previous administrator had sent. The acting administrator stated, "I never got a response and assumed everything was okay." A copy of that letter was provided but was not found on record at Licensing and Certification.</p> <p>The facility failed to retain a licensed administrator for the day-to-day operations for a period of more than 30 days.</p>	R 004			



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February 22, 2008

Dollie Wallace, Administrator
Spring Creek Manor IV, LLC
653 N Eagle Rd
Eagle, ID 83616

Dear Ms. Wallace:

On February 21, 2008, a complaint investigation survey was conducted at Spring Creek Manor IV, LLC. The survey was conducted by Rachel Corey, RN and Donna Henscheid, LSW. This report outlines the findings of our investigation.

Complaint # ID00003373

Allegation #1: The facility operated for more than 30 days without a licensed administrator.

Findings: Based on interview and record review, it was determined the facility operated for more than 30 days without a licensed administrator.

On February 21, 2008 at 10:30 AM, the acting administrator stated, "I am the acting administrator, but (person's name) is an administrator in training. She is getting ready to take the test. I am the administrator over (the facility's names) but have a variance to be the administrator over all three. The variance is at the other facility and I will go and get it."

On February 21, 2008 at 11:30 AM a call was placed to Licensing and Certification to determine if a variance had been granted for the acting administrator to be over all three facilities. A variance was found for the other two facilities but did not include the surveyed facility.

On February 21, 2008 at 12:00 PM the acting administrator confirmed she hadn't received a response from Licensing and Certification granting the variance, but assumed the variance request had been granted.

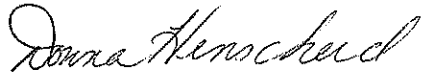
- Conclusion:** Substantiated. The facility was issued a core deficiency at IDAPA 16.03.22.215.03 for operating for more than 30 days without a licensed administrator. The facility was required to submit a plan of correction.
- Allegation #2:** Residents were not provided a sanitary living environment, as bathrooms were not cleaned regularly.
- Findings:** Based on observation and interview, it could not be determined residents were not provided a sanitary living environment.
- On February 21, 2008 between 10:30 AM and 11:45 AM, a tour of the facility was conducted. All resident rooms were observed to be clean and free from odors. Eight residents were interviewed and all stated rooms were cleaned to their satisfaction.
- On February 21, 2008 at 10:40 AM the housekeeper was observed pushing a cleaning cart throughout the hallway and entering residents' rooms to clean them. She stated, "6-7 rooms are cleaned daily, so each room gets cleaned weekly. I spot clean each day and deep clean every 5 weeks."
- Conclusion:** Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.
- Allegation #3:** The facility caregivers did not observe residents take their medications.
- Findings:** Based on observation and interview, it could not be determined caregivers were not properly assisting residents with medications.
- On February 21, 2008 between 11:45 AM and 12:30 PM a medication pass was observed and the caregiver correctly assisted residents with their medications. The caregiver appropriately watched all residents take their medications before moving on to the next task. Further, the residents' medication administration records correctly corresponded with physician orders and with the available medications.
- On February 21, 2008 between 10:30 AM and 11:45 AM 8 residents denied concerns with medication pass and stated caregivers watched them take their medications.
- On February 21, 2008 at 11:44 AM the facility nurse stated, "Staff take a medication course before passing meds. Then they have to observe three medication passes as I go over the protocol. Then, I watch them do medication pass a few times before they can do it independently."

Dollie Wallace, Administrator
February 22, 2008
Page 3 of 3

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

A handwritten signature in cursive script, reading "Donna Henscheid".

DONNA HENSCHIED, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DH/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program
Donna Henscheid, Health Facility Surveyor